

LAST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1. Date of Request: _____

2. Serial/Patent # 10/517490

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing <i>for claimed</i>			\$ 100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other <i>Search</i>			\$ 400

7. TOTAL AMOUNT OF REFUND \$ 500

8. TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9. 1 2 - 0 4 2 5

10. REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11. REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ PHONE: _____

OFFICE: ****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: